

LCSW Supervision Guidelines (Effective July 1, 2020)

Supervision for LCSW licensure begins with Supervision Plan. Arkansas Social Work Licensing Board Rules, VI. Supervision: B. 1.-5. And C.

In order to provide supervision, an LCSW or social worker who the Board determines to have the qualifications equivalent of those required of an LCSW must be fully licensed for a minimum of three (3) years.

The supervisee, PLMSW or LMSW, must be currently employed in a licensed master's level clinical position for the supervision to be applied. These positions generally require an LMSW.

The LCSW supervisor and the supervisee must agree upon a supervision plan. The Supervision Plan must be submitted to the Board **within 60-days** from the beginning date of the supervision.

The Supervision Plan requires the supervisee to have direct contact with the supervisor at least one (1) hour per week. Group supervision is acceptable. The group cannot have more than four (4) supervisees participating in the group. Group supervision cannot make up more than one half of the total supervision hours.

It is the responsibility of the PLMSW or LMSW to make sure the Supervision Plan is submitted to the Board within the 60-day time frame. Emailed forms will be acknowledged. Mailed or faxed forms will not be acknowledged and the PLMSW or LMSW is responsible for following up to make sure it was received.

A **New** Supervision Plan must be submitted any time there is:

- A change in the Supervisees employment, or
- A change in Supervisor or the Supervisors Employment

BOTH situations call for a **Supervision Evaluation** to be completed for the previous employment time or the previous supervisory time.

An **Updated** Supervision Plan must be submitted any time: (the 60-days applies to the update as well)

- Your job title/duties change,
- Your supervision goals change

If you will not be supervised for more than a two-week period, such as medical or maternity leave or summer break for a school social worker, we recommend that a Supervision Evaluation Form is completed. When you return to work you will need to submit a new Supervision Plan. This process accounts for the break in time. If you are not working, you cannot count those hours as hours worked and should not be getting supervision during that time period when you are not working. These guidelines are put in place to protect the supervisee by providing documentation for supervision hours should any questions arise that may put the supervisee in jeopardy of losing supervision hours.

When a LMSW applies for the LCSW license, the Board is looking for a required total of 24 full months of supervision under an LCSW and at minimum of 4,000 hours worked in a master's level, clinical social work position while under the LCSW supervision. There should be at least 100 direct supervision hours. These totals are determined by the Evaluation Form(s) submitted.

THE SUPERVISION PLAN

Content and Accountability:

- a. The LCSW supervisor is responsible for supervision within the following content areas:
 - 1. Ethical practice
 - 2. Practice management skills
 - 3. Skills required for continuing competence
 - 4. Development of professional identity
 - 5. Practice skills
- b. The areas of supervisory accountability shall include:
 - 1. Ethical standards of the practice
 - 2. Acceptance of professional responsibility for the social work services provided by the supervisee
 - 3. Client care
 - 4. Agency providing services
 - 5. Legal and regulatory requirements

Requirement for Writing Supervision Goals:

Supervision Goals should be written in sentence form.

- 1. Specific – Clearly stated goals which the supervisee needs to accomplish.
 - a. What exactly needs to be accomplished?
 - b. Who will be involved?
 - c. Where will this take place?
 - d. Educational purpose of achieving the goal.
- 2. Measurable – The goals must be measurable.
 - a. How will you know when the supervisee has succeeded in accomplishing the goal?
 - b. How much change needs to occur?
 - c. How many actions will it take to accomplish?
 - d. Case studies, progress notes, conversations, the successful implementation of treatment plans and client outcomes can be used to measure goals.
- 3. Achievable and Realistic.
 - a. Does the supervisee have the resources to achieve the goal?
 - b. Is the goal out of reach or too easy for the supervisee?
- 4. Relevant – The goal must be relevant to Social Work practice.
 - a. Is the goal meaningful to the profession?

- b. Is this a goal the supervisor can commit to?
- 5. Time Frame – Clearly state when the goal will be met.
 - a. Can the goal be realistically met within the time frame stated?
 - b. Is the deadline for the goal too long? Too short?

Please note, studying for and passing the exam is not a goal for supervision. It is a requirement of licensure at the LCSW level. Weekly staff meetings do not qualify.

LCSW Supervision Evaluation Form

Upon termination of the supervision arrangement, the LCSW supervisor must complete the LCSW Supervision Evaluation Form for the supervisee. The supervisee and the supervisor must sign the Form. The supervisee must submit the Evaluation Form to the Board within **60-days** from the last date of supervision. Please keep copies of all documentation for your records. The beginning date of supervision on the Evaluation Form must match the beginning date on the Supervision Plan you submitted.

Emailed Evaluations will be acknowledged as received and the reply will serve as your confirmation of receipt.

After completion of your full supervision, you must apply for the LCSW license.

Please keep copies of all documentation for your records.

Documentation of Supervision for LCSW Recordkeeping

While not required by Law or Rule, it is **strongly suggested** that each LMSW receiving supervision keep a record of their supervision sessions. A suggested form is included with these guidelines and is available on the Boards website.

Supervision forms may be found at www.arkansas.gov/swlb

PLEASE make sure to use current forms. Old or outdated forms will be returned.

Please do not try to edit or type on the document if it will cause the formatting of the document to change.

Please see next sheet for
documentation for your records.

Documentation of Supervision for LCSW

This form is for use at each supervision session. This form is for recordkeeping purposes only and is not to take the place of the required Supervision Plan or Supervision Evaluation Form. Keep for your personal records. Do not send to the licensing board unless specifically asked.

LMSW Name: (Print) _____

LCSW Name: (Print) _____

Date Supervision Occurred: _____ Time: _____ to _____ Total _____

Individual: _____ Group: _____ Face-to-Face (in person) _____ Via Telehealth _____

Total number of hours worked in a social work position this week. _____

Supervision Activity (Please check the appropriate box)

| | | | | | |
|--------------------------|--------------------------------|--------------------------|------------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Case Consultation | <input type="checkbox"/> | Cultural Competency | <input type="checkbox"/> | Crisis Intervention |
| <input type="checkbox"/> | Assessment and Referral Skills | <input type="checkbox"/> | Treatment/Intervention | <input type="checkbox"/> | Termination of Services |
| <input type="checkbox"/> | Treatment Interventions | <input type="checkbox"/> | Clinical Record Review | <input type="checkbox"/> | OTHER: (write-in) |
| <input type="checkbox"/> | Case management | <input type="checkbox"/> | Appropriateness of Treatment | <input type="checkbox"/> | |
| <input type="checkbox"/> | Assessment/Diagnosis Skills | <input type="checkbox"/> | Legal and Ethical Issues | <input type="checkbox"/> | |
| <input type="checkbox"/> | Clinical Documentation | <input type="checkbox"/> | Licensure Scope of Practice | <input type="checkbox"/> | |
| <input type="checkbox"/> | Review of Plan | <input type="checkbox"/> | Communication Skills | <input type="checkbox"/> | |

Summary of supervision activity today:

Plans for additional improvements/review:

Signatures below attest the above information is accurate.

LCSW Supervisor Signature

Date

LMSW Supervisee

Date

This form is for your record only. **Do not** send to the Board unless requested.



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Social Work Licensing Board

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Governor Asa Hutchison

José Romero, MD, Secretary of Health

Ruthie Bain, Director

_____ Check if this is an update

Supervision Plan

Update Effective Date: _____

INSTRUCTIONS: Read the Supervision Guidelines. This plan must be submitted to the Board within **60-days** from the beginning date of supervision. The Board does not send confirmation of receipt for mailed or faxed forms. You may follow-up with the Board's office by email or phone call to make sure the Plan has been received. Please use updated forms and keep a copy for your records. ***This form is not meant to be modified. Please Print. Emailed Plans will be acknowledged as received and the reply will serve as your confirmation.***

Supervisee Information:

Name: _____ License Number: _____

Home Address: (full) _____
(Please note: If this has changed you must submit a change of address form – available on website.)

Home Phone: _____ Cell Phone: _____ Email: _____

Place of Employment: _____ Work Phone: _____

Employment Address: (full) _____

Job Title: _____ Work Email: _____

Work Schedule: _____ Full-time _____ Part-time (Total hours employed in a social work position must equal 4,000 hrs.)

Are you and the supervisor employed by the same agency? _____ Yes _____ No If not, you must attach a letter from the agency supervisor or administrator stating that the supervisor has access to the pertinent records and/or policies. Permission must be on Letterhead stationery and signed. The date must agree with the beginning date of supervision.

Supervisor Information: Effective July 1, 2020, the LCSW must have been licensed as a LCSW for at least three (3) years. Does not apply to updates of current plans.

Name: _____ License Number: _____

Place of Employment: _____

Home Address: (full) _____

Home Phone: _____ Cell Phone: _____

Supervision Schedule: Beginning Date of Supervision:

Please check Supervision Format: _____ Individual _____ Group _____ Combination

Group supervision is acceptable only if there is a maximum of four supervisees in the group, and such supervision does not exceed one-half of the total supervisory time.

Supervision Sessions Hours Per Month: Individual: _____ Group: _____ Total: _____

Methods of Supervision: Direct observation: _____ Chart audits: _____ Peer Review: _____ Other: _____

If other, please explain _____

Supervision Process:

Describe the supervisee's job duties: _____

Describe the clients served: _____

Describe the supervisee's work setting and responsibilities including treatment methods utilized: _____

Formulate five goals for the supervision: (Please use sentence form)

1. _____
2. _____
3. _____
4. _____
5. _____

Comments: _____

Please **initial** the appropriate box(es) BOTH LCSW and LMSW

Attachment to include with Supervision Plan:

____ If the supervision of agency-based clients is done outside the agency setting, a letter from the agency supervisor or administrator must be attached. The letter ***must*** state that the supervision is approved and that the LCSW supervisor has access to the pertinent records and/or policies. The letter must be on letterhead stationery and signed. The permission letter **MUST** be dated on or prior to the beginning date of supervision.

Affidavit of Understanding and Signatures:

____ **We** hereby certify that prior to beginning supervision We have read and reviewed the rules and forms pertaining to LCSW supervision. We understand that we must observe and comply with the supervision guidelines set forth in the rules.

*Under penalties of perjury, we declare and affirm that the statements made in the supervision plan, including accompanying statements, are true, complete and accurate. We understand that any false or misleading information in, or in connection with my supervision plan may be cause for denial or loss of supervision time received/and or loss of licensure. We understand we must submit this form within 60-days of beginning supervision. **We have read the LCSW Supervision Guidelines.** Please review form for completeness!*

Supervisee Signature _____ Date _____

Supervisor Signature _____ Date _____

This form and any attachment(s) must be sent by the supervisee to the Social Work Licensing Board, within 60 days of beginning supervision. Forms received after 60 days only count back 60-days from date received or post marked.

Below this line for board use only

Plan reviewed by: _____ Date: _____ Plan Received on: _____

Board Member Signature

Incomplete forms will be returned, please make sure all banks are complete before sending.